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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Detlef Groth, Arne Koops, Axel Burmeister, et. al.
SERIAL NO. : 09/496,491
FILED : 02/02/2000
FOR : Anticounterfeit, laser-markable label produced by
diffraction gratings

GROUP ART UNIT : 1746

EXAMINER :

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

February 07, 2001

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

The filing receipt in the above-identified application was found to contain the

following errors:

Our new firm address should now read:

Norris, McLaughlin & Marcus, P.A.
Attorneys at Law, 30th Floor
220 East 42nd Street
New York, NY 10017

Please issue a corrected filing receipt at your earliest convenience.

Respectfully submitted,

NORRIS McLAUGHLIN & MARCUS


By

William C. Gerstenzang
Reg. No. 27,552

WCG/hg
220 East 42nd Street 30Fl
New York, NY 10017
(212) 808-0700

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COMMISSIONER FOR PATENTS
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Bib Data Sheet

CONFIRMATION NO. 6328

SERIAL NUMBER 09/496,491	FILING DATE 02/02/2000 RULE	CLASS 216	GROUP ART UNIT 1746	ATTORNEY DOCKET NO. BEIERSDORF-606- WCG
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APPLICANTS

Detlef Groth, Halstenbeck, GERMANY;
Arne Koops, Hamburg, GERMANY;
Axel Burmeister, Buchholz, GERMANY;
Jochen Stahr, Hannover, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 199 04 823.1 02/05/1999

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 04/01/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____	Initials _____		

ADDRESS

NORRIS, McLAUGHLIN & MARCUS P.A.
ATTORNEYS AT LAW
220EAST 42nd STREET
30TH FLOOR
NEW YORK, NY 10017

TITLE

Anticounterfeit, laser-markable label produced by diffraction gratings

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit _____

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